

## **Residential – Final Claim Letter**

INSERT DATE

INSERT NAME

INSERT ADDRESS

### **Relocation Assistance Program**

#### **Notice of Final Date to Claim Relocation Entitlements**

Project Title: INSERT PROJECT NAME

Parcel No.: INSERT PARCEL #

Displacee No.: INSERT DISPLACEE #

Dear INSERT NAME:

On INSERT DATE, you were provided with a notice of your maximum replacement housing payment. According to our records, you vacated the dwelling located at INSERT ADDRESS on INSERT DATE. **To avoid loss of your relocation entitlements you must occupy a qualifying replacement dwelling that meets the AGENCY standards for Decent, Safe and Sanitary (DSS) housing by 11:59 pm on INSERT DATE. Your deadline to make a claim for your entitlements is INSERT DATE.** Failure to meet either of these requirements will result in a loss of your remaining entitlements.

Please contact me for specific details, clarification or any questions you may have.

Sincerely,

INSERT SPECIALIST'S NAME

Relocation Specialist

Real Estate Services

INSERT SPECIALIST'S ADDRESS

INSERT SPECIALIST'S PHONE AND FAX NUMBER

INSERT SPECIALIST'S EMAIL ADDRESS